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Perception of family relationships and personal integration in young women suffering from anorexia nervosa

Percepcja rodzinnych relacji oraz integracja osobowa młodych kobiet cierpiących na jadłowstręt psychiczny

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Abstract

The presented study concerns finding an answer to the question of perceived quality of relationships in the family of origin and personal integration, as well as the link between these variables among young women suffering from anorexia nervosa. The aim of the study was to determine: (1) the manner of assessing relationships in the family of origin by women suffering from anorexia; (2) the level of their personal integration (as a whole and in relation to its components, particularly trust, autonomy, and a sense of identity); and (3) the associations between the quality of family relationships and personal integration along with its components (psychosocial resources/ego qualities). The intergroup differences were verified in the scope of three types of family relationships: autonomy/control, consistency and communication, and the level of overall personal integration and seven out of eight (due to the age of the respondents) ego qualities identified in the theory proposed by Erikson. A total 60 women aged 18 to 24 years (M = 19.15, standard deviation, SD = 1.89) took part in the study. The research group comprised 29 women with a diagnosis of anorexia nervosa, whereas the control group consisted of 31 healthy women. The Family Relationship Questionnaire (KRR-3) developed by Plopa and Połomski (2010), the Personal Integration Questionnaire (KINTO) authored by Zagórska, Migut and Jelińska (2014), and an original sociodemographic survey were applied. It was assumed that women suffering from anorexia, compared to healthy women, would assess relationships in the family of origin differently, particularly the relationship with the mother, and that they were less strongly integrated, mainly in relation to such resources as trust, autonomy, and a sense of identity. It was also believed that there was a link between the assessment of family relationships and personal integration. The hypotheses concerning overly protective and controlling parental attitudes in women suffering from anorexia were confirmed. They were also found to have a lower level of personal integration and sense of identity. A small number of associations that are difficult to interpret in the case of the relationship with the mother were found between the perceived quality of family relationships and the psychosocial resources of women suffering from anorexia, which may be attributed to denial commonly occurring in persons suffering from anorexia. The picture of the matrix of the studied relationships turned out to be different in both groups, particularly with regard to the relationship between personal integration and the three attitudes of the mother.

Keywords: anorexia nervosa, family relationships, personal integration, psychosocial resources, Erikson's theory

Streszczenie

W prezentowanym badaniu autorzy skoncentrowali się na poszukiwaniu odpowiedzi na pytania o percepcję jakości relacji w rodzinie pochodzenia, poziom integracji osobowej (czyli zasobów osobistych), a także o związek między tymi dwiema zmiennymi wśród młodych kobiet z anoreksją. Celem badań było określenie: (1) specyfiki relacji w ich rodzinie pochodzenia, (2) poziomu integracji osobowej młodych kobiet z jadłowstrętem psychicznym (zwłaszcza w odniesieniu do takich jakości ego, jak podstawowa ufność, autonomia i tożsamość) oraz (3) związków między relacjami rodzinnymi a integracją osobową (zasobami psychospołecznymi). Grupę porównawczą stanowiły zdrowe rówieśniczki. Różnice międzygrupowe sprawdzano w zakresie trzech rodzajów relacji rodzinnych: autonomii/kontroli, spójności i komunikacji oraz poziomu integracji osobowej i nasilenia siedmiu jakości ego wyróżnionych przez Eriksona (jako jej składowych). W badaniach online wzięło udział 60 osób w wieku od 18 do 24 lat (M = 19,15, odchylenie standardowe, *standard deviation*, SD = 1,89). Grupę badawczą stanowiło 29 kobiet ze zdiagnozowaną anoreksją, zaś porównawczą – 31 kobiet zdrowych. Posłużono się Kwestionariuszem Relacji Rodzinnych (KRR-3) Plopy i Połomskiego (2010), Kwestionariuszem Integracji Osobowej (KINTO) Zagórskiej, Miguta i Jelińskiej (2014) oraz autorską metryczką. Przypuszczano, że kobiety chore są słabiej zintegrowane, zwłaszcza w odniesieniu do takich zasobów, jak ufność, autonomia i poczucie tożsamości, oraz mają odmienne relacje rodzinne od zdrowych rówieśniczek. Hipotezy dotyczące nadmiernie

ochraniających i kontrolujących postaw rodzicielskich u osób cierpiących na anoreksję potwierdziły się. Nie stwierdzono związków między poziomem integracji osobowej, zwłaszcza w zakresie nadziei i autonomii, a zachorowaniem na jadłowstręt psychiczny. Scharakteryzowano związki między relacjami rodzinnymi a integracją osobową (zasobami psychospołecznymi). Hipoteza zakładająca związek tych relacji z nasileniem zasobów psychospołecznych córek potwierdziła się w przypadku relacji z matką. Odkryto bardzo silny dodatni związek między postawą autonomiczną matki a składowymi integracji osobowej (zasobów psychospołecznych).

Słowa kluczowe: jadłowstręt psychiczny, relacje rodzinne, integracja osobowa, zasoby psychospołeczne, teoria Eriksona

INTRODUCTION

Eating disorders, particularly anorexia nervosa, are life-threatening mental disorders that affect a growing number of young women. Family-related and sociocultural factors undoubtedly play a part in the development of anorexia, as they largely contribute to the shaping of a young person's identity. The authors of this paper decided to study the personal integration of young women suffering from anorexia, particularly to determine the scope in which the psychosocial resources (quality of the ego) – having their sensitive period at various stages of development identified in Erikson's theory – of these women are more weakly integrated compared to their healthy peers. The researchers were also interested in whether there was a link between this fact and the quality of relationships characteristic of the family of origin of the women affected by the disease. The above problem is all the more important as it may reveal a new approach to the therapeutic management of female anorexia nervosa sufferers. This is because the aspect of personal integration combined with family-related factors has hitherto not been taken into consideration despite the broad range of treatment applied for the disorder concerned.

Anorexia nervosa

Anorexia nervosa is a serious and life-threatening mental disorder. In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (American Psychiatric Association, 2013), the following three diagnostic criteria for the disease are listed:

A. Restriction of energy intake leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Insufficient body weight is defined as a body weight persistently below the minimum healthy body weight or, in the case of children and adolescents, below the minimum expected body weight.
B. Intense fear of weight gain or becoming fat or persistent behaviour interfering with weight gain, despite low weight.
C. Disturbed experience of one's body weight or shape, influenced by self-evaluation or persistent lack of recognising the seriousness of the currently low body weight.

Studies on eating disorders conducted to date have shown a number of factors that may contribute to the development of anorexia nervosa. In the literature on the subject, there are mentions of the concept of "anorectic family." It points to blurred and indistinct boundaries between the subsystems in a family where one of the members suffers from an eating disorder. Such families are usually very demanding and overrestrictive. Despite the lack of boundaries within the system, they create a very rigid dividing line separating it from the external environment, which results in the children perceiving the milieu outside their family home as very threatening (Gorrell et al., 2022, 2019; Józefik, 2006; Ludewig, 1995, Pasi and Pauli, 2019). The phenomenon called "repaying their indebtedness towards their family of origin" plays a key role in anorexigenic families, involving giving up their own needs for their family's sake, which inevitably leads the child to develop a sense of loss of their own autonomy and a low self-esteem (Ludewig, 1995). Researchers emphasise that anorexia nervosa sufferers are convinced that they do not deserve to live and receive help (Beumont and Carney, 2004; Manley and Leichner, 2003; Nitendel-Bujakowa, 2005). They develop an anorexic identity based on their slim body. Young women with anorexia nervosa often function in a manner that is built around a ready media identity (Wojciechowska, 2000). Hence, persons with anorexia appreciate their slimness and consider the disease to be a value and lifestyle (e.g., Fransella and Button, 1983; Malan, 1997; Tan et al., 2003).

Systemic approach to family

The topic of the family as a system is often taken up in the psychological literature. Within the systemic approach, the family is defined as a complex structure comprising of persons mutually dependent on each other who share stories, experience emotional bonding, and implement specific interaction strategies (Namysłowska, 2000; Radochoński, 1998). Communication between adolescent children and their parents is a major challenge for both sides. The nature of the interactions changes with the child's gradual transition from childhood to adulthood. The communication patterns that arose during childhood are usually applied and respected by both sides until the onset of adolescence. The communication problems emerging between the parents and the child during this period are not easy to foresee. This is when the roles and relationships between them are redefined. It is worth considering the model of the family developed in the 1970s by Epstein, Bishop and Lenin (Bishop et al., 1986; Epstein et al., 1981; Miller et al., 1985; Plopa

and Połomski, 2010) which also describes six dimensions of family functioning, namely: communication, fulfilment of roles, problem solving, emotional reactivity, emotional involvement, and behaviour control. This model has inspired many researchers, leading to its gradual refinement.

Personal integration

Within the post-Eriksonian concept of personal integration, Bebrysz and Zagórska (2017; Zagórska, 2021) define the concept of such integration as an individually differentiated effect of the accumulation of psychosocial resources (quality of the ego) of a person in the process of their development during the life course. According to Erikson (2002, 1997, 1994), this development takes place over the course of eight subsequent stages. The resources accumulate and are gradually transformed, creating at each stage a type of personal integration specific to it.

The most desirable effect of these processes is achieving a psychosocial balance within each of the qualities of the ego identified by Erikson, that is trust, autonomy, initiative, sense of industriousness, sense of identity, intimacy and/or (depending on age) generativity, and ontic integrity (65+). This means attaining a balance between the opposing syntonic and dystonic tendencies acting at each stage of development and competing with each other, where the former has an advantage over the latter, namely basic trust over basic distrust, autonomy over shame and doubt, and initiative over a sense of guilt, etc. An appropriately strong (but not extremely strong) enhancement and consolidation of each of the basic syntonic tendencies present in the personality makes up – in line with Erikson's proposal – the eight criteria of mental health (Erikson, 2002, 1994; Robinson, 2015). Therefore, the syntonic advantage over dystonicity creates conditions that are conducive to a person achieving harmonious functioning and full psychosocial maturity at the basis of which is personal integration itself (Bebrysz and Zagórska, 2017; Zagórska, 2021). A person uses the accumulated psychosocial resources on a daily basis, particularly when experiencing distress. Their presence and strength are verified mainly in all kinds of interpersonal relationships.

The above theoretical assumptions were used in the Polish operationalisation of Erikson's theory developed by Zagórska et al. (2014) in the form of the Personal Integration Questionnaire.

Hypotheses

The following hypotheses were posited in the study.

H1: Differences exist between women suffering from anorexia nervosa and healthy women with regard to their perception of family relationships.

H2: Women suffering from anorexia nervosa differ in terms of their personal integration from their healthy peers, particularly in relation to basic trust, autonomy, and a sense of identity.

H3: Differences exist between the perceived quality of family relationships and personal integration and its components in women suffering from anorexia nervosa: the better the quality of such relationships, the higher the level of integration. The matrix of these correlations differs from the corresponding matrix in the control group.

MATERIALS AND METHODS

The study was carried out according to appropriate ethical standards. The Institutional Review Board at the Psychology Institute, Cardinal Stefan Wyszynski University in Warsaw, reviewed the project and gave its ethical approval and permission to implement it. All the participants were informed of the aim of the study, and assurances were given that the survey would be both anonymous and confidential. The subjects did not receive any compensation for taking part in the study, and their participation was entirely voluntary.

The study was conducted via the Internet. A total 60 women aged 18 to 24 years (M = 19.15, standard deviation, SD = 1.89) took part in the project. The research group was composed of 29 women with a diagnosis of anorexia nervosa, while the control group consisted of 31 of their undiagnosed peers. Women residing in medium or large cities constituted the largest group (over 73.4%), while the remaining participants resided in small towns (15%) and villages (11.6%).

Persons with anorexia were recruited on the Internet message board for girls suffering from anorexia (pro-ana and butterflies forums) and in two Facebook groups (called "anoreksja, bulimia – grupa wsparcia" [anorexia, bulimia – support group] and "motylki, pro-ana" [butterflies, pro-ana]). Regarding questionnaire completion, the following message was sent to the members of these groups: "Hi, I'm a student of psychology and I've got a Master's thesis to write. I'm writing to you because you posted about anorexia in the 'anorexia, bulimia – support group'/'butterflies, pro-ana' group. I'm currently in a psychology school, conducting research for my Master's about anorexia. The survey I'd like you to complete is completely anonymous and will only be used for scientific purposes. It won't take you more than 15 minutes to complete the survey. I'd be very grateful for your help. Here's a link to the questionnaire." The questionnaires of the participants who completed the survey incorrectly (e.g. failed to answer one or more questions) as well as of those who stated that they suffered from anorexia but had not been formally diagnosed (one of the questions in the survey was whether they had been diagnosed with anorexia by a specialist). Six questionnaires were rejected for the above reasons.

It should be added here that the studies by Mann and Stewart (2000; quoted after: Batorski and Olcoń-Kubicka, 2006) show that surveys carried out via electronic means of communication can be just as efficient as a tool for obtaining valuable, in-depth data as traditional research. A unique advantage of online research over traditional research is the relative ease and speed of reaching specific groups, usually interest groups, gathered in one place in the Internet space,

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which is particularly important for purposive sampling, when the investigator is concerned with recruiting people in a particular life situation. The ability to reach people who are difficult to approach or who would be unwilling to take part in a face-to-face study, e.g. because of fear or a sense of shame, is also very important. It is worth quoting some of the statements made by persons with anorexia in which they evaluated the advantage of e-mails over "face-to-face" contact, as they show that electronic communication can encourage patients to be more open and to give honest answers to the questions asked: "I would never admit to my problems face-to-face;" "it was due to the anonymity of the e-mail contact that I had the courage to look for help later (this time, face-to-face)" (quoted after: Starzomska, 2007, p. 67). This is particularly important in the case of anorexia sufferers who deny having the disease (Starzomska and Tadeusiewicz, 2016), while one-third of the affected respond falsely when examined face-to-face (Rubo et al., 2019; Starzomska, 2019). Of course, when research is carried out over the Internet, the identity of the prospective participants of the study is an important area over which the investigator has no complete control. The lack of direct contact makes it impossible to be 100% sure that the person invited to take part in the study is indeed the one she claims to be, there is always such a risk; it should be stressed, though, that the support groups for people with anorexia are usually closed and before a given person is included in the sample she is subjected to a certain qualification procedure. Obviously, one can never rule out dishonesty on the part of the person who, trying to enter such a group, does not reveal her true identity. For this reason, the obtained results should be interpreted with some caution.

The following tools were used in the study:

- the Family Relationship Questionnaire (KRR-3) developed by M. Plopa and P. Połomski, a separate version for the assessment of the father and of the mother;
- the Personal Integration Questionnaire (KINTO) authored by W. Zagórska, M. Migut and M. Jelińska;
- the sociodemographic survey.

The Family Relationship Questionnaire (KRR) developed by M. Plopa and P. Połomski

The Family Relationship Questionnaire is available in six versions and used to assess the family as a whole, the parents as spouses, the relationship with the mother, the relationship with the father, and ideations about how the mother assesses her relationship with her child and how the father assesses his relationship with his child. The questionnaire allows the family to be approached and viewed as a whole and insight to be gained into the multidimensional relationships forged between its members. The tool is intended to investigate the perceptions of family relationships by young adults. Two versions of the KRR questionnaire were to assess the relationship with the mother and the relationship with the father separately. Each of the versions contains 24 statements that are aimed to evaluate three aspects of these relationships: consistency, autonomy-control, and communication. The respondent relates to the statements describing the behaviours of the parents on a 5-point scale from "yes" to 5 meaning "no." Each of the three scales of the questionnaire comprises eight items. Its psychometric properties are satisfactory – Cronbach's alpha values for each of the scales amount to around or above 0.80.

The Personal Integration Questionnaire (KINTO) authored by W. Zagórska, M. Migut and M. Jelińska

The Personal Integration Questionnaire is an original Polish tool based on Erikson's theory, and it is used to study the degree of personal integration at subsequent developmental stages. In its full version, the KINTO questionnaire contains 64 statements and comprises eight scales, the names of which correspond to the ego qualities identified by Erikson. They include: (1) Trust, (2) Autonomy, (3) Initiative, (4) A sense of industriousness, (5) A sense of identity, (6) Intimacy, (7) Generativity, and (8) Ontic integrity. The result recorded on a given scale indicates the degree to which the respondent has managed to achieve psychosocial balance in the life course to date, when it comes to a given developmental quality. Each of the scales comprises eight items. The questionnaire is used in individual and group studies. It demonstrates satisfactory reliability of all the scales – Cronbach's alpha is within the range of 0.63 to 0.77. Criterion validity was confirmed in the studies by Zagórska and colleagues (2013, 2014; Bebrysz and Zagórska, 2017), where persons with a psychiatric diagnosis obtained lower results across all scales compared to persons without such a diagnosis. In studies using the six-scale version, the tool turned out to be highly stable (Pearson's correlation coefficient was within the range of 0.74 to 0.90). The seven-point scale, which is intended for persons up to the age of 49 years, was used in the reported study.

Sociodemographic survey

The sociodemographic survey developed for the purpose of the study comprises 20 questions. Most of them are closed-ended questions with appropriately selected sets of responses. Half of the questions concern age, place of residence, education, and religiosity. The remaining questions are directly related to anorexia nervosa and concern weight, height, intensity of physical exercise, and diagnosis by a medical specialist. Moreover, the respondents also specify how they understand the term "anorexia" and whether or not they are happy with their physical appearance.

Applied statistical methods

Statistical analyses were run in the IBM SPSS Statistics 22 package. Pearson's correlation coefficient (r) was used to

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Family relationships	*M*		*SD*		$t_{(58)}$	Cohen's *d*
	Women with anorexia	Healthy women	Women with anorexia	Healthy women		
Mother-communication	20.0	19.7	6.9	6.5	0.5	-
Mother-consistency	19.73	17.57	6.71	5.89	1.33	-
Mother autonomy-control	14.60	22.07	4.80	7.03	−4.8***	−1.06
Father-communication	27.47	21.50	7.37	8.68	2.87 **	0.69
Father-consistency	26.20	22.10	7.43	7.84	2.08 *	0.52
Father autonomy-control	19.33	28.30	6.72	6.58	−5.22***	−1.12
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.						

Tab. 1. Differences between women with anorexia nervosa (n = *29) and healthy women* (n = *31) in terms of the perception of family relationships (Student's* t*-test)*

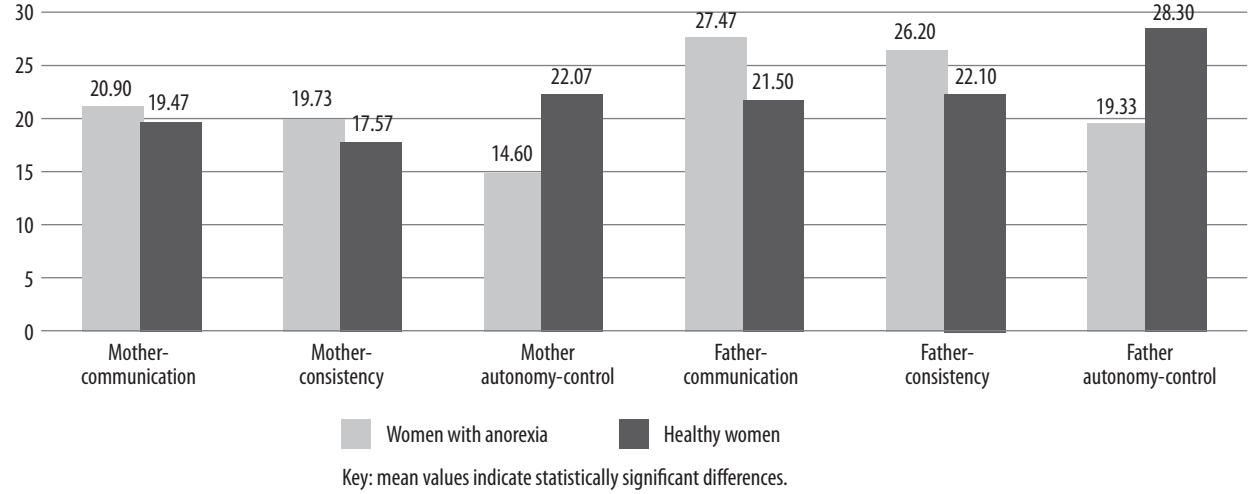

Fig. 1. Differences between women with anorexia nervosa (n = *29) and healthy women* (n = *31) in terms of the perception of family relationships (Student's* t*-test)*

determine the validity of the relationships between the variables. Student's *t*-test was used to examine the intergroup differences for independent samples.

RESULTS

Verification of Hypothesis 1

The results of the analyses verifying Hypothesis 1 are presented in Tab. 1 and Fig. 1.

A significant difference was found between women suffering from anorexia nervosa and healthy women in terms of the autonomy-control of the mother ($t_{(58)} = -4.8$, $p < 0.001$). Women suffering from anorexia assessed the allowing of autonomy on the part of the mother to be lower ($M = 14.6$, $SD = 4.8$) than healthy women ($M = 22.07$, $SD = 7.03$). Furthermore, women with anorexia perceived their communication with their father to be better ($M = 27.47$, $SD = 7.37$) than their healthy peers ($M = 21.5$, $SD = 8.68$) ($t_{(58)} = 2.87$, $p < 0.01$) and rated the consistency of the father to be higher ($M = 26.2$, $SD = 7.43$) than their healthy peers ($M = 22.1$, $SD = 7.84$) ($t_{(58)} = 2.08$, $p < 0.05$). It also turned out that women with anorexia nervosa perceived the allowing of autonomy on the part of the father to be lower ($M = 19.52$, $SD = 6.72$) than their healthy peers ($M = 28.3$, $SD = 6.58$) ($t_{(58)} = -5.22$, $p < 0.001$). The results obtained in the scope of communication, autonomy-control, and consistency on the part of the mother were very low (2 stens, 1 sten, and 1 sten, respectively) contrary to the assessment of the attitudes of the father (5 stens, 5 stens, and 3 stens, respectively).

Verification of Hypothesis 2

The results of the analyses verifying Hypothesis 2 are presented in Tab. 2 and Fig. 2.

A significant difference was found in the scope of the overall level of personal integration ($t_{(58)} = -0.89$), $p < 0.01$). Women suffering from anorexia turned out to be more weakly integrated ($M = 155.8$, $SD = 18.26$) than healthy women ($M = 18.26$, $SD = 30.80$). A significant difference was also revealed between both groups in terms of a sense of identity ($t_{(58)} = -2.16$), $p < 0.05$). Women suffering from anorexia had a weaker sense of identity ($M = 19.10$, $SD = 22.17$) than healthy women ($M = 4.89$, $SD = 6.06$). No intergroup

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Personal integration and its components	*M*		*SD*		$t_{(58)}$	Cohen's *d*
	Women with anorexia	Healthy women	Women with anorexia	Healthy women		
Personal integration	155.8	161.6	18.26	30.80	−0.89**	−1.93
Trust	26.30	26.40	2.82	3.24	−0.13	-
Autonomy	21.53	21.43	3.64	6.63	0.07	-
Initiative	21.10	23.23	3.69	6.35	−1.59	-
Sense of industriousness	23.93	21.80	5.09	5.98	1.49	-
Sense of identity	19.10	22.17	4.89	6.06	−2.16*	−0.52
Intimacy	22.13	23.93	5.11	6.49	−1.19	-
Generativity	21.70	22.63	4.32	5.73	−0.71	-
* $p < 0.05$; ** $p < 0.01$.						

*Tab. 2. Differences between women with anorexia (*n *= 29) and healthy women (*n *= 31) in terms of personal integration and its components*

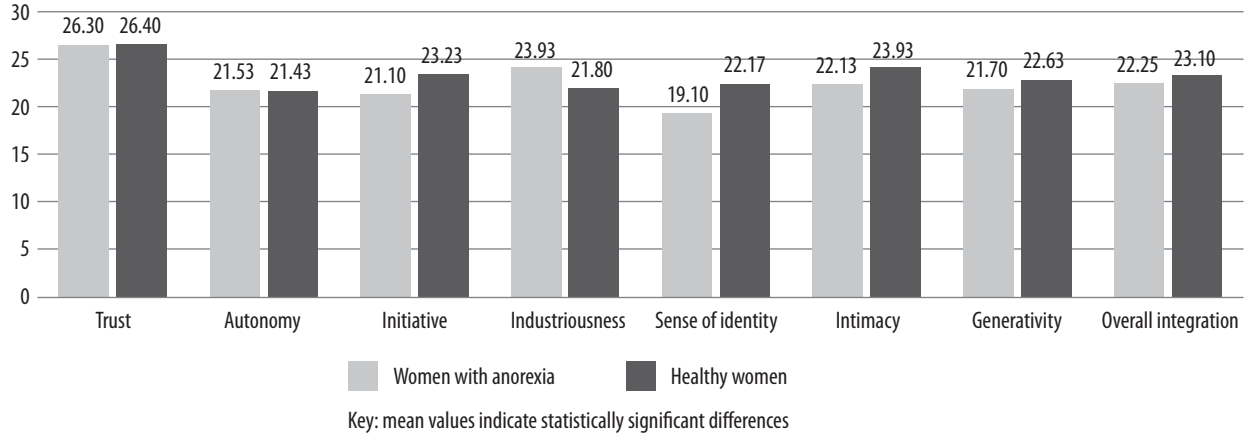

*Fig. 2. Differences between women with anorexia nervosa (*n *= 29) and healthy women (*n *= 31) in terms of the perception of personal integration and its components (Student's* t*-test)*

differences were found for the remaining six ego qualities. Considering the number of stens, the results obtained can be considered as modest.

Verification of Hypothesis 3

Pearson's correlation coefficient (r) was used to examine whether any relationships existed between the assessment of the quality of the family relationships and personal integration and its components in the group of women with anorexia, and whether the matrix of these relationships differed between the studied groups (Tabs. 3 and 4).

A significant negative correlation was found in the group of anorexia sufferers between the attitude of consistency of the mother and initiative ($r = -0.37$, $p < 0.05$, moderate relationship) as well as intimacy in the daughter ($r = -0.41$, $p < 0.05$, moderate relationship). A negative correlation was also demonstrated between the autonomy-control of the mother and a sense of industriousness of the daughter ($r = -0.46$, $p < 0.05$, moderate relationship), and a positive correlation was identified between the attitude of consistency of the father and this sense in the daughter ($r = 0.38$, $p < 0.05$, moderate relationship).

Numerous significant relationships ($p < 0.05$) between the perception of all three attitudes of the mother and overall personal integration and its components (except trust) were found in the control group. With respect to the mother's consistency and communication, these relationships were negative and moderate or strong and, in the case of allowing of autonomy, they were positive and in the vast majority strong. It is noteworthy that two of the links were very strong, namely, with overall integration ($r = 0.73$) and the sense of industriousness of the daughter ($r = 0.75$).

In relation to the father, significant ($p < 0.05$) positive relationships were revealed, mostly moderate, between his allowing of autonomy and the variables of integration (except trust, intimacy, and generativity). The strongest correlation was identified between the autonomy given by the father and the daughter's initiative ($r = 0.54$, strong relationship).

DISCUSSION

The results of the analyses verifying Hypothesis 1, according to which differences exist in the scope of the assessment of family relationships between women suffering from anorexia nervosa and healthy women, were partially confirmed.

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Family relationships / Personal integration and its components	Mother-communication	Mother-consistency	Mother autonomy-control	Father-communication	Father-consistency	Father autonomy-control
Personal integration	−0.23	−0.30	−0.17	0.16	0.08	−0.22
Trust	0.02	−0.05	0.02	−0.07	0.08	−0.22
Autonomy	−0.24	−0.19	−0.05	0.04	−0.03	0.07
Initiative	−0.30	−0.37*	−0.07	0.03	−0.15	−0.15
Sense of industriousness	0.18	0.21	−0.46*	0.27	0.38*	−0.20
Sense of identity	−0.06	−0.18	−0.10	0.14	0.05	−0.11
Intimacy	−0.32	−0.41*	0.23	0.12	−0.01	−0.08
Generativity	−0.30	−0.30	−0.27	0.04	−0.06	−0.26
* $p < 0.05$.						

*Tab. 3. Correlation matrix between family relationships and personal integration and its components in the group of women with anorexia nervosa (*n = *29)*

Parental attitudes / Components of personal integration	Mother-communication	Mother-consistency	Mother autonomy--control	Father-communication	Father-consistency	Father autonomy-control
Personal integration	−0.58*	−0.61*	0.73*	−0.12	−0.25	0.48*
Trust	0.01	−0.11	−0.14	−0.05	−0.03	−0.07
Autonomy	−0.56*	−0.64*	0.66*	−0.16	−0.24	0.46*
Initiative	−0.38*	−0.43*	0.68*	0.07	−0.08	0.54*
Sense of industriousness	−0.55*	−0.54*	0.75*	0.04	−0.17	0.42*
Sense of identity	−0.48*	−0.47*	0.60*	−0.22	−0.32	0.49*
Intimacy	−0.44*	−0.43*	0.53*	−0.17	−0.27	0.28
Generativity	−0.47*	−0.45*	0.49*	−0.10	−0.12	0.22
* $p < 0.05$.						

*Tab. 4. Correlation matrix between the perception of parental attitudes and personal integration and its components in the group of healthy women (*n = *31)*

Women with anorexia – compared with healthy women – rated the mother's allowing of autonomy lower, and the communication and consistency of the father higher, and they assessed the father's autonomy lower than healthy women. The results concerning the intergroup differences in terms of the communication and consistency of the father come somewhat as a surprise (higher results obtained by the women suffering from anorexia); however, as mentioned earlier, researchers studying eating disorders generally point to the inappropriate attitudes of the mothers, not the fathers, towards children with an anorexia nervosa. The latter are often described as 'being absent', which is why their impact (particularly when considering the negative effects) on the life of their daughters is not perceived by them to be negative (Maine, 1993). In spite of the observations prevalent in the literature that fathers of anorectic daughters are absent, there is certainly a need for more in-depth research on this subject. The studies carried out by Nitendel-Bujakowa (2005) yielded interesting finding, showing that even though the inhibition in social contacts in daughters with anorexia, characterised by anxiety and isolation from the environment, restraint in showing feelings and needs, and mistrust, is a trait unanimously underlined by both mothers and fathers, the latter perceive their daughters as less depressed, bolder, and rather independent. Therefore, it is worth studying such fathers to determine the traits which contribute to protecting their daughters from anorexia.

Hypothesis 2, stating that women suffering from anorexia nervosa differ in terms of personal integration from their healthy peers, particularly in the scope of trust, autonomy, and a sense of identity was only partially confirmed as well. Women with anorexia scored lower in terms of their overall personal integration and a sense of identity than the healthy women. These results seem to confirm the hypothesis that anorexia nervosa is a consequence of searching for one's 'self' during adolescence (Tan et al., 2003; Wojciechowska, 2000).

According to researchers studying the determinants of anorexia, a young woman seeking her own identity, a way of self-fulfilment, success, and happiness, often finds a model in pop culture (Amianto et al., 2016; Brytek-Matera, 2011), which, according to Wojciechowska, offers a "ready identity" defined exclusively by slimness which is treated as a synonym for beauty (Wojciechowska, 2000, p. 96).

Surprising results were obtained in the scope of associations between the assessment of family relationships by women with anorexia (particularly in relation to their mothers) and

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their personal integration. The more the mother was perceived as consistent, the weaker was the sense of initiative and intimacy determined in the daughter. A moderate negative relationship was also found between the mother allowing for autonomy and the daughter's sense of industriousness. The greater the extent of allowance, the weaker the sense of industriousness in the daughter. The findings that are in conflict with the hypothesis can be attributed to psychological denial that is commonly present in persons suffering from anorexia nervosa (Starzomska and Tadeusiewicz, 2016). This denial can be particularly strong in relation to the difficult and conflict-laden relationship with the mother (Józefik, 2006; Nitendel-Bujakowa, 2005; Zerbe, 1993). It seems that the link between the consistency in communicating with the father and the sense of the daughter's diligence is understandable. Many studies have shown that the relationship between the daughter affected by anorexia and her father is not as difficult and toxic as her relationship with her mother (Maine, 1993; Nitendel-Bujakowa, 2005; Zerbe, 1993).

It seems that the established moderate positive relationship between consistency in communication with the father and the sense of industriousness of the daughter is understandable. The relationships of daughters suffering from anorexia with their fathers are not so difficult and toxic as the relationship with their mothers (Maine, 1993; Zerbe, 1993).

The matrix of the studied relationships is significantly different in both groups – more in relation to the attitudes of the mother than the father. A regularity is evident in healthy women, where a strong and positive relationship is evident between the perception of the mother's attitude as allowing of autonomy and the personal integration variables, that is, with a sense of harmonious psychosocial functioning (personal integration) in the daughter; in addition, there is a negative relationship (albeit weaker) between the sense of harmonious psychosocial functioning in the daughter and the two remaining attitudes (consistency and communication). The interpretation of this regularity seems to require adopting the following direction of dependencies between the variables: from the integration of the daughter to the perception of attitudes of the parents. Indeed, it seems that the better the daughter's assessment of herself in terms of her psychosocial functioning, the more she perceives her mother as allowing of autonomy and, at the same time, the more critical she is of her own attitudes of consistency and communication.

In the group of women suffering from anorexia nervosa, no regularity was evident in the picture of the studied relationships, which may be indicative of the above-mentioned denial often seen in women with anorexia in the scope of personal integration as well as the perception of the attitudes of the mother through the prism of a toxic relationship with her. Of note, both women suffering from anorexia and healthy women had a worse assessment of their mothers than their fathers, while women with anorexia assessed their fathers more positively than healthy women.

CONCLUSIONS

Young women with anorexia nervosa were found to have deficits in the scope of personal integration, particularly in relation to their sense of identity and in their relationship with their mother. Denial, which is very common among persons diagnosed with anorexia, makes the interpretation of the study findings more difficult. Therefore, further research that would control the variables of denial and need for social approval is called for. It is not uncommon for persons participating in psychological studies to want to present themselves in a positive light and give answers contrary to the truth, which is why there are artefacts and difficulties in interpreting the findings.

The results of the study presented above may be valuable, and contribute to improving the methods used in the psychotherapy, particularly systemic therapy, of persons with eating disorders.

Conflict of interest

The authors do not declare any financial or personal links to other persons or organisations that could adversely affect the content of this publication or claim rights thereto.

References

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (5th ed.). American Psychiatric Publishing, Washington–London 2013.

Amianto F, Northoff G, Abbate Daga G et al.: Is anorexia nervosa a disorder of the self? A psychological approach. Front Psychol 2016; 7: 849.

Batorski D, Olcoń-Kubicka M: Prowadzenie badań przez Internet – podstawowe zagadnienia metodologiczne. Studia Socjologiczne 2006; 3 (182): 99–132.

Bebrysz M, Zagórska W: Depresja a integracja osobowa. Ujęcie poeriksonowskie. Psych Rozw 2017; 22: 77–92.

Beumont P, Carney T: Can psychiatric terminology be translated into legal regulation? The anorexia nervosa example. Aust N Z J Psychiatry 2004; 38: 819–829.

Bishop DS, Epstein NB, Keitner GI et al.: Stroke: morale, family functioning, health status, and functional capacity. Arch Phys Med Rehabil 1986; 67: 84–87.

Brytek-Matera A: Postawy wobec ciała a obraz samych siebie u kobiet z zaburzeniami odżywiania się. Badania na gruncie teorii rozbieżności Ja – Edwarda Tory Higginsa. Psychiatr Pol 2011; 45: 671–682.

Epstein NB, Bishop DS, Baldwin LM: McMaster model of family functioning: a view of the normal family. In: Walsh F (ed.): Normal Family Processes. Guilford Press, New York 1981: 115–141.

Erikson EH: Dopełniony cykl życia. Dom Wydawniczy Rebis, Poznań 2002.

Erikson EH: Dzieciństwo i społeczeństwo. Dom Wydawniczy Rebis, Poznań 1997.

Erikson EH: Identity and the Life Cycle. W. W. Norton & Company, New York 1994.

Fransella F, Button E: The "construing" of self and body size in relation to maintenance of weight gain in anorexia nervosa. In: Darby PL, Garfinkel PE, Garner DM et al. (eds.): Anorexia Nervosa. Recent Developments in Research. Alan R. Liss, New York 1983: 107–116.

Gorrell S, Byrne CE, Trojanowski PJ et al.: A scoping review of nonspecific predictors, moderators, and mediators of family-based treatment for adolescent anorexia and bulimia nervosa: a summary of the current research findings. Eat Weight Disord 2022; 27: 1971–1990.

Gorrell S, Loeb KL, Le Grange D: Family-based treatment of eating disorders: a narrative review. Psychiatr Clin North Am 2019; 42: 193–204.
Józefik B: Relacje rodzinne w anoreksji i bulimii psychicznej. Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2006.
Ludewig K: Terapia systemowa. Podstawy teoretyczne i praktyka. Gdańskie Wydawnictwo Psychologiczne, Gdańsk 1995.
Maine M: Father Hunger. Fathers: The Missing Link in Eating Disorders. Simon & Schuster, London 1993.
Malan DH: Anorexia, Murder, and Suicide. What Can Be Learned from the Stories of Three Remarkable Patients. Butterworth Heinemann, Oxford 1997.
Manley RS, Leichner P: Anguish and despair in adolescents with eating disorders – helping to manage suicidal ideation and impulses. Crisis 2003; 24: 32–36.
Miller IW, Epstein NB, Bishop DS et al.: The McMaster Family Assessment Device: reliability and validity. J Marital Fam Ther 1985; 11: 345–356.
Namysłowska I: Terapia rodzin. Instytut Psychiatrii i Neurologii, Warszawa 2000.
Nitendel-Bujakowa E: Obraz dziewcząt chorych na anoreksję w ocenie własnej i w ocenie ich rodziców. In: Tatala M (ed.): Być sobą. Przekraczanie ograniczeń w kierunku wyższej jakości życia. Polihymnia, Lublin 2005: 149–165.
Pasi P, Pauli D: Systemische Therapien bei Jugendlichen und Erwachsenen mit Essstörungen. Praxis 2019; 108: 905–910.
Plopa M, Połomski P: Kwestionariusz Relacji Rodzinnych: wersje dla młodzieży. Podręcznik. Vizja Press & IT Sp. z o.o., Warszawa 2010.
Radochoński M: Wybrane zagadnienia psychopatologii w ujęciu systemowej koncepcji rodziny. Roczniki Socjologii Rodziny 1998; 10: 91–109.
Robinson OC: Emerging adulthood, early adulthood, and quarter-life crisis: updating Erikson for the 21st century. In: Žukauskienė R (ed.): Emerging Adulthood in a European Context. Routledge, New York, NY 2015: 17–30.
Rubo M, Forrer F, Munsch S: e-Therapien bei Anorexia nervosa, Bulimia nervosa und Binge-Eating-Störung. Praxis 2019; 108: 911–915.
Starzomska M: Perspektywy wykorzystania komunikacji elektronicznej w psychoterapii zaburzeń jedzenia. Psychoterapia 2007; 1 (140): 59–73.
Starzomska M: Tendencyjność uwagi u kobiet z zaburzeniami odżywiania. Liberi Libri, Warszawa 2019.
Starzomska M, Tadeusiewicz R: Pitfalls in anorexia nervosa research: the risk of artifacts linked to denial of illness and methods of preventing them. Psychiatr Danub 2016; 28: 202–210.
Tan JOA, Hope T, Stewart A: Anorexia nervosa and personal identity: the accounts of patients and their parents. Int J Law Psychiatry 2003; 26: 533–548.
Wojciechowska I: Kiedy ciało ma decydujący głos w sprawie wartości człowieka – drogi prowadzące do tożsamości anorektycznej. In: Suchańska A (ed.): Podmiotowe i społeczno-kulturowe uwarunkowania anoreksji. Wydawnictwo Fundacji Humaniora, Poznań 2000: 77–124.
Zagórska W: Poeriksonowska koncepcja integracji osobowej. A lecture given at the XXIX Ogólnopolska Konferencja Psychologii Rozwojowej: Współczesne drogi rozwoju – między obawą a nadzieją. Warszawa (online), 20–22 May 2021.
Zagórska W, Jelińska M, Migut M et al.: The Personal Integration Questionnaire (KINTO). Polish operationalization of Erikson's theory of psychosocial development. Poster presented at the 16th European Conference on Developmental Psychology. Lausanne, 3–7 September 2013.
Zagórska W, Migut M, Jelińska M: Kwestionariusz Integracji Osobowej (KINTO). Własności psychometryczne. A lecture given at the XXIII Ogólnopolska Konferencja Psychologii Rozwojowej: Zmiany rozwojowe w biegu życia: konteksty i perspektywy. Lublin, 28–30 May 2014.
Zerbe KJ: Whose body is it anyway? Understanding and treating psychosomatic aspects of eating disorders. Bull Menninger Clin 1993; 57: 161–177.

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